



The CareConnection® Provider Registration Form will be used to input each provider's information into the WV Aged and Disabled Waiver CareConnection®. This form should be submitted in its entirety to KEPRO at the email address below. Each agency must submit a separate form; if an agency provides both Case Management and Homemaker services, two forms should be submitted. It is recommended that the CEO/Responsible Officer and Waiver Contact designations be two separate persons.

Please Type or Print Clearly | *Required Field

CEO/Responsible Officer/Agency Director

First Name* Middle Initial Last Name* Suffix

Email Address* Phone Number* Fax Number*

Address 1*

Address 2

City* State* Zip Code*

Aged and Disabled Waiver Contact

First Name* Middle Initial Last Name* Suffix

Email Address* Phone Number* Fax Number*

Address 1*

Address 2

City* State* Zip Code*

Type of Agency (Mark with an "x" and select only one per form submitted)

- Case Management Agency (CMA)
- Homemaker Agency (HMA)
- Fiscal/Employer Agency (F/EA)



Agency Company Information			
Agency Name (include location/city)* (Example: CCIL-Beckley)			
<input type="text"/>			
Agency Number (National Provider Identifier Number)			
<input type="text"/>			
Agency Address*			
<input type="text"/>			
Agency Address 2			
<input type="text"/>			
Agency City*	State*	Zip Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone*	Fax*	WV Medicaid Provider Number	
<input type="text"/>	<input type="text"/>	LEAVE BLANK	
Web Address		State Agency ID	
<input type="text"/>		LEAVE BLANK	

Counties Served (Mark with an "x")					
<input type="checkbox"/> Barbour	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Boone	<input type="checkbox"/> Braxton	<input type="checkbox"/> Brooke	<input type="checkbox"/> Cabell
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Clay	<input type="checkbox"/> Doddridge	<input type="checkbox"/> Fayette	<input type="checkbox"/> Gilmer	<input type="checkbox"/> Grant
<input type="checkbox"/> Greenbrier	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Hancock	<input type="checkbox"/> Hardy	<input type="checkbox"/> Harrison	<input type="checkbox"/> Jackson
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kanawha	<input type="checkbox"/> Lewis	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Logan	<input type="checkbox"/> Marion
<input type="checkbox"/> Marshall	<input type="checkbox"/> Mason	<input type="checkbox"/> McDowell	<input type="checkbox"/> Mercer	<input type="checkbox"/> Mineral	<input type="checkbox"/> Mingo
<input type="checkbox"/> Monongalia	<input type="checkbox"/> Monroe	<input type="checkbox"/> Morgan	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Ohio	<input type="checkbox"/> Pendleton
<input type="checkbox"/> Pleasants	<input type="checkbox"/> Pocahontas	<input type="checkbox"/> Preston	<input type="checkbox"/> Putnam	<input type="checkbox"/> Raleigh	<input type="checkbox"/> Randolph
<input type="checkbox"/> Ritchie	<input type="checkbox"/> Roane	<input type="checkbox"/> Summers	<input type="checkbox"/> Taylor	<input type="checkbox"/> Tucker	<input type="checkbox"/> Tyler
<input type="checkbox"/> Upshur	<input type="checkbox"/> Wayne	<input type="checkbox"/> Webster	<input type="checkbox"/> Wetzel	<input type="checkbox"/> Wirt	<input type="checkbox"/> Wood
<input type="checkbox"/> Wyoming					

I certify that the information provided on this form is accurate and reflects the services the agency is certified to provide and the counties the agency is certified to operate within.

**CEO/Responsible Officer/
Agency Director Signature**

Date

Waiver Contact Signature

Date

Bureau of Senior Services Approval

Date